

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09787671

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7		1	1	1		
8		1		1		
9		2		1		
10	1			1		
11	1			1		
12	1			1		
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49						
50						
TOTAL IND.			4			
TOTAL DEP.			9			
TOTAL CLAIMS			11			

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
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99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831